



# Alteration / Remodel – Basement Finish Egress Window

Project Address: \_\_\_\_\_

Applicant is: ☐ Property Owner ☐ Contractor ☐ Architect ☐ Engineer ☐ Other \_\_\_\_\_

Applicant \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Day Phone # \_\_\_\_\_

Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Day Phone # \_\_\_\_\_

\*May we email your building permit?\* ☐ Yes ☐ No

☐ Interior remodel - ☐ 1<sup>st</sup> floor \_\_\_\_\_ sq ft ☐ 2<sup>nd</sup> Floor \_\_\_\_\_ sq ft

☐ Basement – remodel/finish \_\_\_\_\_ sq ft

**Note: finish of a basement or portion thereof requires at least one emergency escape and rescue opening (egress window or door directly to the exterior) regardless of whether a sleeping room exists. Each sleeping rooms requires an egress window or door directly to the exterior.**

\*Does a compliant egress window exist in your basement?\* ☐ Yes ☐ No

☐ Install Egress Window Valuation \_\_\_\_\_ (value of work – including materials & labor)

Describe work: \_\_\_\_\_

Interior Remodel (other than basement) approximate valuation: \$ \_\_\_\_\_  
(value of work – including materials & labor)

Attachments: ☐ Floor Plan

Plumbing Contractor: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

(for office use only):

Legal Description: \_\_\_\_\_ Zoning: \_\_\_\_\_

Notice: Separate permits are required for electrical, plumbing, heating, ventilation or air conditioning. This permit expires 12 months from the date of issuance. The undersigned warrants that he/she has reviewed and is familiar with the provisions of the building and fire codes; as set forth under Chapters 175 and 180 of the Municipal Code of the City and all applicable zoning standards and will defend, indemnify, protect and save harmless the City and its employees from any and all liability, from any claim or cause of action which any person may have or claim to have by reason of any actual or alleged failure on the part of the undersigned to comply with the terms and provision thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to adhere to the plans as submitted and approved by the Architectural Review Board and City Staff and will provide notification of any change prior to construction. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FOR PERMIT APPLICATION REVIEW**

Date received _____	Permit Fee \$ _____	Office Use Only
Approval Notification Date _____	Valuation \$ _____	

Floor Plan Drawing:

Address: \_\_\_\_\_

Sketch diagram indicating:

- ✓ Show rooms and label uses – existing and proposed
- ✓ Provide dimensions of rooms and spaces
  - Width
  - Length
  - Height
- ✓ Location of smoke detectors – existing and proposed
- ✓ Location of carbon monoxide detector
- ✓ Location of mechanical room and how accessed

